



**San Bernardino County Recorder-Clerk (855) 732-2575**  
**APPLICATION FOR CERTIFIED COPY ( Mail Requests Only)**

**BIRTH** Certificate (\$28.00)

**DEATH** Certificate (\$21.00)

**MARRIAGE** Certificate (\$15.00)

Adopted:    Yes    No

CONFIDENTIAL

PUBLIC

**INFORMATION:** San Bernardino County only has records of births and deaths that occurred in San Bernardino County or marriage licenses that were purchased in San Bernardino County. For all other vital records you must contact the county in which the event is registered or contact the State Office of Vital Records - M.S. 5103, P.O. Box 997410, Sacramento, CA 95899-7410. Phone Number: (916) 445-2684.

**INSTRUCTIONS:** Use a separate blank application for **each** different record requested. **All sections must be completed in their entirety.** If no record of the event is found, the fee will be retained for searching as required by statute and a "Certification of Search" will be issued.

1. Give all the information you have available for the identification of the record. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
2. The County Recorder may provide a certified copy of a vital record to an authorized person only. If a requestor does not meet the requirement of an authorized person (as described in Health & Safety Code Section 103526), the County Recorder may only issue an informational certified copy with a legend stating **"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."** This application must be completed **prior to conducting a search for the record** and no refunds or exchanges will be made once the copy(s) have been issued.

**PAYMENT OPTIONS:**

**Mail orders** - Include with this application sufficient funds, in the form of a personal check, cashier's check, postal or bank money order (International Money Order only for out-of-country requests), made payable to the "San Bernardino County Recorder." Mail the completed application along with the fee to the San Bernardino County Recorder's Office, 222 West Hospitality Lane, San Bernardino, CA 92415. Please allow 3-4 weeks for processing.

**CERTIFICATE INFORMATION-Please indicate the type of certificate requested and print legibly or type all information below. By my signature I understand that I am to provide exact spelling of the name that appears on the certificate or I will be charged for each additional name search.**

First Name - Name on Certificate		Middle Name	Last Name on Certificate	
First Name - Second Person on Marriage Certificate (If Applicable)		Middle Name	Last Name on Marriage Certificate	
City or Town of Event		Mother/Parent Maiden Name (Birth and Death only)		Father/Parent Name (Birth and Death only)
Date of Event (date of birth, death or marriage)	Number of Copies Requested	Please Indicate:                      Certified Copy    Informational Copy		

**APPLICANT INFORMATION - PLEASE PRINT LEGIBLY OR TYPE**

**Mail Requests** - Complete both top and bottom portions, but do not sign the Penalty of Perjury statement. **See the reverse side.**

Purpose of Request (ie: passport, insurance, school, sports etc.)		Relationship to Certificate Holder (ie: self, parent, grandparent, child etc.)		
Name of Person Completing Application		Daytime Telephone Number - Area Code First		
Address - Number, Street, and Unit # (if applicable)		City	State	Zip Code

**BELOW SECTION FOR RECORDER'S USE ONLY**

Date Processed	Type of ID and Identifying Numbers	Records Tech. Initials
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**Mail Requests** - Payment may be made by check, cashier's check, postal or bank money order  
Please check the appropriate box:

Check Enclosed       Money Order or Cashier's Check

**IMPORTANT**

Select Option 1 or 2, complete application in full and follow mailing instructions.

By my signature I understand that I am to provide exact spelling of the name that appears on the certificate or I will be charged for each additional name search.

**Option 1**      Unauthorized Persons/Informational Copies - Please sign below. I agree not to use the record obtained from this application or any portion thereof, for fraudulent purposes.

Dated \_\_\_\_\_  
Signature

**Option 2**      Authorized Persons/Regular Certified Copies - Requestor will need to sign this penalty of perjury statement in front of a notary public prior to submission. Please Note: When submitting multiple certificate requests, all must be signed, however, only one request would require the notarized statement.

I agree not to use the record obtained from this application or any portion thereof, for fraudulent purposes. I am signing my own legal name and I am an authorized person as shown in Health and Safety Code Section 103526. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
Signature

**CERTIFICATE OF ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_, Notary Public  
(Date) (Insert Name)

personally appeared \_\_\_\_\_, who proved to me on the basis of  
(Name of person signing)

satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_

Signature of Officer

(Seal)